

COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE

MINUTES OF THE **October 13, 2021** MEETING Meeting Conducted Via Microsoft Teams

MEMBERS AND ALTERNATES PRESENT

Chair Pro Tem: Chief Adolfo Gonzales, County Chief Probation Officer,
Vice Chair of CCJCC

Erika Anzoategui, County Alternate Public Defender
Beatriz Dieringer, California League of Cities
Peter Espinoza, Director, Office of Diversion and Reentry
*Nicole Gougis for Mike Feuer, Los Angeles City Attorney
T. Warren Jackson for Ed Eng, County Economy and Efficiency Commission
Robin Limon for Alex Villanueva, Sheriff
Jonathan Lucas, County Coroner – Chief Medical Examiner
Don Meredith for Franky Carrillo, Chair, County Probation Oversight Commission
Kris Pitcher for Michel Moore, Chief, Los Angeles Police Department
William Stone for Ricardo Garcia, County Public Defender
Karen Streich for Jonathan Sherin, Director, County Department of Mental Health
Susan Sullivan Pithey for Robert Bonta, California Attorney General
Robin Toma, Executive Director, County Human Relations Commission
*Gary Tsai for Barbara Ferrer, Director, County Department of Public Health
*Thida Van for Fesia Davenport, County Chief Executive Officer
Norayr Zurabyan for Rodrigo Castro-Silva, County Counsel

***Not a designated alternate**

I. CALL TO ORDER / INTRODUCTIONS

Adolfo Gonzales, County Chief Probation Officer, Chair Pro Tem

The meeting was called to order at 12:04 p.m. by Chief Adolfo Gonzales, County Chief Probation Officer, Chair Pro Tem.

II. GENERAL PUBLIC COMMENT

There were no public comments.

III. APPROVAL OF THE MINUTES

Adolfo Gonzales, County Chief Probation Officer, Chair Pro Tem

There were no requests for revisions to the minutes of the September 8, 2021 meeting.

Los Angeles County Alternate Public Defender Erika Anzoategui made a motion to approve the minutes. This motion was seconded by Don Meredith of the Los Angeles

County Probation Oversight Commission.

ACTION: The motion to approve the minutes of the September 8, 2021 meeting was approved without objection.

IV. CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CaAIM)

David Panush, President, California Health Policy Strategies, LLC

Mark Delgado, Executive Director of the Countywide Criminal Justice Coordination Committee (CCJCC), introduced David Panush, President of California Health Policy Strategies, LLC (CalHPS). As discussed at the CCJCC meeting in April of this year, CalHPS has been working with the county to expand access to Medications for Addiction Treatment (MAT) among the justice-involved population.

Mr. Panush provided an overview of California Advancing And Innovating Medi-Cal (CaAIM), which is a new approach for delivering health care to highly vulnerable, hard-to-serve, high-utilizing Medi-Cal beneficiaries with complex needs, including specific elements for the justice-involved population and reentry process. CaAIM is a multi-year initiative by the California Department of Health Care Services (DHCS).

Joining Mr. Panush in this presentation was Donna Strugar-Fritsch, also of CalHPS.

CaAIM funds enhanced care management and new “In Lieu of Services” benefits and builds on Whole Person Care (WPC) pilots that emphasize social determinants of health (e.g., housing). Funding for this program is coming through Medi-Cal managed care plans.

Key Elements of CaAIM

The seven mandatory target populations of CaAIM are:

- Homeless: Individuals experiencing homelessness, chronic homelessness or at risk of homelessness.
- High Utilizers: Frequent utilizers with hospital or emergency rooms visit/admissions.
- Serious Mental Illness (SMI), and Substance Use Disorder (SUD) at risk of institutionalization. (Also, SED for youth).
- Children and Youth with complex physical, behavioral, developmental and/or oral health needs.
- Nursing Facility Transition to the Community.
- Risk for Institutionalization – Eligible for long term care.

- Inmates released from jail and state prison who have “significant complex physical or behavioral health needs and may have other social factors influencing their health.”

An elaboration on the last bullet also includes “individuals who are involved in pre- or post-booking diversion, behavioral health and criminogenic treatment programs, and thus, are at risk of incarceration and could through care coordination and service placement, have a treatment plan designed to avoid incarceration through the use of community of community-based care and services.”

Other Key Elements

Other key elements of CalAIM include:

- Pre-Release Planning – Mandates that all jails have a pre-release planning and Medi-Cal application process. The implementation for this is January 1, 2023.
- Behavioral Health Facilitated Referral and Linkage (Warm Handoff) – Requires individuals receiving behavioral health treatment in jail to receive a facilitated referral and linkage to county behavioral health upon release. The implementation for this is January 1, 2023.
- Enhanced Care Management and In Lieu of Services – Requires Medi-Cal Managed Care Plans to provide intensive case management/care coordination to high-cost target populations and more flexible, non-clinical services *in lieu of* more expensive hospital/emergency room care.

More about Pre-Release Planning and In-Reach – DHCS is requesting federal approval to access federal Medicaid matching funds for care coordination services provided in a jail 90 days prior to release. This could provide reimbursement for:

- Conducting Initial Care Needs Assessment (medical, mental, SUD, social needs).
- Developing a transition plan for community-based care.
- Screening and Referrals to community-based services and appointments – post release.
- Developing a medication management plan, in consultation with clinical providers.
- 30 days supply of medication upon release.

More about Enhanced Care Management – Goes beyond standard care coordination/case management by providing “high-touch, on-the-ground, and face-to-face” care. This is a Whole Person Care (WPC) approach that is collaborative, multi-disciplinary, and addresses clinical and non-clinical needs. Patients can access non-traditional in lieu of services.

- Enhanced care managers would work with primary care and behavioral health providers, as well as engage clients and family members.

- Should include community health workers with lived experience.
- January 1, 2023: Implementation for Reentry Target Population.

More about In Lieu of Services – Based on WPC approach: Non-traditional/non-clinical wrap-around services offered “in lieu of” more expensive services such as hospitals and skilled nursing facilities. Examples include:

- Housing Transition Navigation;
- Housing Deposits (including one-time payment for security deposits, set up fees/deposits for utilities, first month coverage of utilities, first and last months rent);
- Housing Tenancy and Sustaining Services;
- Short term Post Hospitalization & Jail Housing (up to six months);
- Recuperative care (Medical respite); and
- Sobering Centers – alternative destination for intoxicated individuals instead of jail or emergency rooms.

CalAIM Incentive Payments & Other Opportunities

In addition to funding through CalAIM, there is also a recognition that capacity to provide all of these services needs to be built. Therefore, as part of CalAIM, there are incentive payments that can be made through Medi-Cal managed care plans to provide some of the necessary infrastructure and capacity building.

The following incentive payments and other opportunities were noted:

- Incentive Payments – \$1.5 billion over three years to Medi-Cal managed care plans to build and invest in necessary infrastructure and capacity building for Enhanced Care Management and In Lieu of Services. This can include planning and recruiting potential contractors, training, workforce development, and Information Technology (IT).
- PATH (Providing Access and Transforming Health) – \$200 million (one-time) to build capacity and infrastructure or Medi-Cal enrollment and transitional care for the justice-involved population. PATH funding can go to counties, CBOs, Probation, Sheriffs, adult/juvenile correctional facilities, public hospitals, or Medi-Cal managed care plans.
- PATH Workforce Development for Homeless and Home and Community Based Services (HCBS) Providers¹ – \$100 million (one-time), which is intended to create 2,000 direct service jobs for individuals with lived experience to support programs serving individuals with disabilities or experiencing homelessness.

¹ Pending federal approval of state’s Home and Community Based Waiver spending plan.

More Funding Opportunities

Additional funding opportunities include:

- BH Infrastructure Grants – (\$2.2 billion – one-time). For counties to acquire or renovate behavioral health facilities (such as short-term residential treatment facilities, permanent supportive housing for individuals with mental health and SUD needs). These are competitive grants.
- Community based Residential Continuum Pilots for Vulnerable Aging and Disability Populations* – (\$298 million – one-time). This will provide medical and supportive services in Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs).
- Housing and Homelessness Incentive Program* – (\$1.3 billion – one-time). Provides incentive funds for Medi-Cal managed care plans for investments in addressing homelessness and keeping people housed.
- Homeless Housing Assistance and Prevention (HHAP) – (\$2 billion over 2 years). Flexible funding for local governments for homelessness.

*Pending federal approval of the state's Home and Community Based Waiver spending plan.

CalAIM provides an opportunity for counties in connecting justice systems to the broader goals of reducing addiction/overdose deaths, homelessness, recidivism, and incarceration.

Mr. Panush noted that the County's Medi-Cal managed care plans have responsibility for implementation and will determine which *in lieu of* services benefits will be offered.

He also reported that CalAIM does not specifically address the California Department of Corrections and Rehabilitation (CDCR). He advised that as individuals being released from state prisons transition back to the county, how they fit into the CalAIM construct will be important to address and should be part of the planning process. The same is also true for people coming out of the state hospitals.

Dr. Clemons Hong, Acting Director of Community Programs with the Department of Health Services (DHS), spoke about the county's work on CalAIM implementation and potential opportunities for individuals being released from incarceration.

Dr. Gary Tsai of the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) also spoke about ongoing coordination efforts in the county concerning the implementation of CalAIM. He agreed that CalAIM represents a unique opportunity to improve Medi-Cal, better integrate services, and provide better services for vulnerable populations, including the justice-involved.

He added that part of the responsibility of the county will be to ensure that there is adequate partnering with its managed care partners and that the clients that are served are included throughout the CalAIM program planning process.

PowerPoint slides that were used for this presentation have been posted online at <http://ccjcc.lacounty.gov>.

ACTION: For information only.

V. COUNTY COMMISSION ON ALCOHOL AND OTHER DRUGS

Mark Delgado, Executive Director, Countywide Criminal Justice Coordination Committee (CCJCC)

Mark Delgado, Executive Director of the Countywide Criminal Justice Coordination Committee (CCJCC), provided an overview on the County Commission on Alcohol and Other Drugs (CAOD) as well as a request for CCJCC to nominate a representative of a public safety agency to serve as a member.

The mission of the CAOD is to advise and make recommendations to the County Board of Supervisors on issues related to alcohol and other drugs (AOD). Other functions include:

- Legislative review and recommendations;
- Recommendations to strengthen enforcement, medication, prevention, and rehabilitation efforts;
- Advise the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC) on goals/policies;
- Organize and assist on AOD conferences; and
- Support AOD addiction education and prevention efforts.

CAOD consists of 23 total members. Each member the Board of Supervisors nominates 4 members each. The remaining three members are nominated as follows:

- 1 nominated by DPH-SAPC
- 1 nominated by the League of California Cities
- 1 nominated by CCJCC representing a public safety agency

The member of the CAOD that had previously been nominated by CCJCC has subsequently retired. The Commission has therefore requested that CCJCC nominate a new representative from a public safety agency to serve as a member.

The requirements for serving on the CAOD are:

- Have a professional interest in, or personal commitment to, alleviating problems related to AOD abuse; and

- An availability/ability to commit to serving on the Commission and attending the monthly general meetings and any other Commission meetings.

No action is being taken at this CCJCC meeting, but CCJCC members are asked to submit nominations for consideration at the November CCJCC meeting. Members were asked to send their nominations to Mr. Delgado.

Mr. Delgado noted that the nominee from a public safety agency does not have to be a member of CCJCC.

PowerPoint slides that were used for this presentation have been posted online at <http://ccjcc.lacounty.gov>.

ACTION: For information only.

VI. ADJOURNMENT

The meeting was adjourned at 12:46 p.m.